



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name -		Office:	
DAMON, Dennis S.			fta o
Mailing address		☐ House	🙎 Senate
25/ 0 / Dit	P/	District	າ
256 Oak Point	1/d·		5
City, zip code		Phone	
Trenton 0460)5	(207) 66	7-9629
Makeriki, ozero-Menneski, nj. 3. 1642. Takoriki Zanik, za 1841. Takoriki			
PART 1. INCOM	ME DERIVED FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employer fr	om whom you received compensation of \$1,000 or	more Specify the	a principal type of
economic activity of each employer.	, and the second of the second	more. Openiy are	e principal type of
Name of Employee		Principal Type	e of Economic
Name of Employer	Address	Activity of	Employer
Lindsey Holdings LLC	Wedrovia Bank, NA Corporate PO BOX 3099	Trust/1	tolding
Zinasy namys 2-C	PO Box 3099	. ,	
	Winston-Sclem, NC 27163-6729	Compa	uy .
State of Maine	3 State House Station	Governm	
state of paine	Augusta, ME 04333	7	
	and delify the contraction of th	(Legislative	Brauch)
		V	
	F		
·			
PART 2. INC	COME DERIVED FROM SELF-EMPLOYMEN	<u> </u>	
(Fc	or Legislators who are self-employed.)	-	
A. List the name and address of your business,	if any, and list the major areas of economic activity	from which you de	erived income. If
entity.	association, or similar business entity, list the major	r areas of econom	ic activity of that
The state of the s	i Nov. Com, mitte side annes i transfer. I comment man este a transfer d'antississe que que na side est en la mét. E. d. e	er vinn see oorgaal is seegeel ee we	ootoogi o <u>r</u> maankaann naa arka — — S
Name and Address of Business Entity	Major Areas of Economic Activity		of Economic ivity
Traine and Addition of Business Entity	(self)	(partnership, ass	ociation or similar
CC Part Manager	5 4		ss entity)
Name: G.C. Property Management	Property Me Monagement	Sole propi	eior suip
Address: 256 Ock Point Rd., Trento	, ME Management		
Name: G.C. Property Monagement Address: 256 Oak Point Rd., Trenton	1605	± %	
Address:			İ

PART 2 (continued). INCOME DERIVED FF		
B. List each source of income derived from self-employment that represents m greater, and specify the principal type of economic activity of the entity or pe disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	erson from whom you derived s cs, specify only the principal typ	e of economic activity of the
Name and Address of Source	Activity th	ncipal Type of Economic y of Entity or Person Who is e Source of the Income
Name: Lindsay Holdings LLC	Trus	t/Holding
Name: Lindsay Holdings LLC Address: PO Box 3099, Winston - Salem, NC 27150-6	.729 Co	st/Helding wpawy
Name:		, ,
Address:		
PART 3. MAJOR AREAS OF	at-law only.)	
List your major areas of practice. If associated with a law firm, list the major area	as of practice of your firm. Major Areas of Practice	Major Areas of Practice
Name and Address of Firm	(self)	(firm)
Name:	and Processing and the state of	
Address:		
Name:	-	
Address:	· · ·	
PART 4: OTHER SOURCES (List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this	2. 2018 2018 2018 2018 2018 2018 2018 2018	The check the box.
None	TOTAL DO HOLLINGAGO SILCE.	Me, oncor are son
Name and Address of Source	NOT THE PROPERTY OF THE CORNER OF THE PROPERTY	Kind of Income
1940 - C. Now the Manuscope Comp. In Application of the Companies of the C	(IN) whitehold of the server and th	vestments, leases, etc.)
Name: Naucy M.G. Pyne Address: 1224 30th St. Ne, Washington DC	New Year	General
Name:	AND THE TOTAL TRANSPORMS IT THAN THE HIT IS A MARRIETY CONFERENCE OF HIS MARRIED A	SEC. DESCRIPTE SEE A SERVICE OF A SERVICE BY THE SEC. OF THE SEC.
Address:		
	new markers are a recording to the second	
PART 5. REPORTABLE LIA	orthy of the High sides and Million	ngston flygin (st. 1942) in de la service de la company deservice de la company de de la company de la company
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loan		
L None	. ,	ncipal Type of Economic
Name and Address of Creditor	e 111.	Activity of Creditor
Name: Nayey W. G. Pyn of Address: 1224 30 to 5+1 New Wood of Total		
Name:		

Address:

(本) (本) (本) (本) (本) (本) (本) (本) (本) (本)	REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Incone, check the box.	lude gifts with an aggregate value of	f more than \$300 from a single source. If
None	AND THE PARTY OF T	പ്രത്യാൻ പ്രതിത്തുമായുന്നു. വിവാധ വിത്യാൻ വിത്രാൻ വിത്രാ
Name of Source of Gift 1.	Nar 3.	me of Source of Gift
2.	4.	THE PERSON OF THE PROPERTY OF A SECURITY OF
	EPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances o	r speeches related to your legislative	responsibilities. If none, check the box.
Name of Source of Honoraria	mikaanne senteessa siiden kaska saa miine erinen - sid ka meerinemiii oo oo see ku saan oo mooneesta deele eri	many control of the desired and the control of the
Name of Source of Honoraria 1. ***The state of the state	Name (of Source of Honoraria
2.	V Color of the second s	
2.	4.	
	TATION BEFORE STATE AGEN	TO THE REPORT OF THE TAXABLE TO A PROPERTY OF THE PROPERTY OF
List each executive branch agency before which you repres box.	ented or assisted others for compens	sation of any amount. If none, check the
None		A SOUTH COMMENT OF THE SOUTH C
Name of Agency	The second secon	Vame of Agency
1.	3.	
2.	4.	
PART 9. BUSIN	ESS WITH STATE AGENCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your immediate family sold goo	ods or services with a value in excess of
None	enter announce (i) the second of the second	
Name of Agency	neri e e e e e e e e e e e e e e e e e e	lame of Agency
1.	3.	
2.	4.	
PART 10 INCOME RECEIVE	ED BY MEMBERS OF IMMEDIA	-L
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind	of income of \$1,000 or more received	d by your spouse or domestic partner or
or more of income, their name and job title are listed. Do not i	nclude gifts.	use or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Relation Income Received	
Name: Bonnie Y. Damon Job Title: teacher	1. Technics Spouse	e or stic 2.
Job Title: teacher	2. Domes Partn	er
	Depend	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of acceptance	Child Depend	
for the reporting period, list only the type of economic activity and the kind of income.	Child	
	Depend Child	

any office, trus	ofit or nonprofit corporation, firm, steeship, directorship, or position ated. If a family member listed, i	n of any nature. I	Indicate whether you o	or a family held the	position and whethe	diate family heid r the position
None		•				
Hono	Organization/Business and Address	Chelleck J. 2000 C. pr. C.	Title	Position Held By:	Family Member's Name	Compensated?
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			·	White the beause		
I	,					
					1.	
					<u> </u>	
			SIGNATURE			
A Legislator w	/ho willfully fails to file a requi	ired statement i	is subject to a fine o	of up to \$100. (1 M	∕I.R.S.A. § 1017-A	()
The intentiona willfully filed a	al filing of a false statement is false statement, it shall refer	a Class E crin	ne. If the Commiss fact to the Attorney	ion concludes tha General. (1 M.R.)	t it appears that a S.A. § 1019)	Legislator has
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Com	Signature	<u>or</u>		ebruare	. 17, 20) Pate	<u> </u>
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					,	-
		ADDITIO	NAL INFORMATIO	N		
	le any additional information on you are providing.	below (and on	additional sheets if	needed). Indicate	e the part or section	on number for
Part/Section	Mangrow services as an engineering and the engineering and an engineering an engineering and an engineering an engineering and an engineering an engineering and an e	ж ¹ ж ² почите се запод преступним виментим поментим виделения в поментим в пом	magnetisment of the supplier o	 A set settle and with regions of a set. A set a set. A set. A set. 	т. at sax 17 sear 111 т. да оста подпабадарущим облащими бе	нтогу — мефенерация и могул удилаю пертуры коло и и и и и и и и и и и и и и и и и и
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PART 11. OFFICER OR DIRECTOR POSITIONS